

TANF Maintenance of Effort (MOE) Certification – FFY 2016

Name of Organization CareNet Pregnancy Center of Albuquerque	Address	Contact Name Ethel Maharg	Contact Phone 505-249-4169
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Social Service Programs Administered by Your Agency

For the social service programs administered by your agency, please fill out this form. Please list the social service programs you administer which target **families with dependent children** that meet any of the 4 TANF goals described below. Goals 1 and 2 must have an income and resources eligibility criteria to qualify for MOE reporting purposes. Please include the program funding information and the total number of volunteer hours, if applicable.

Four TANF Goals:

- (1) Providing basic needs assistance (such as, food programs, housing assistance, emergency cash assistance); or
- (2) Promoting job preparation, work and marriage; or
- (3) Preventing and reducing the incidence of out-of-wedlock pregnancies; or
- (4) Encouraging the formation and maintenance of two-parent families.

Program Names	Program Descriptions	Program Type A – F Below
1. EWL / CLOSING A CLASH	PARENTING + LIFE SKILLS TRAINING - MINORITARIAN ASSISTANCE THROUGH MARRIAGE + DISSENT-346	B, D, E
2. FATHERHOOD	MENTORING FATHERS - TEACHING PARENTING + SAFETY	D, E
3. CPL - CLOSING POSITIVE RELATIONS SHIPS	PREGNANCY PREVENTION - SEXUAL RISK AVOIDANCE	E
4.		


Program Type Chart – List above one of the following that best describe this social service programs you are reporting on:

- A = **Cash** - programs that provide cash to low-income recipients with dependent children
- B = **Basic Needs** - programs that provide benefits to low income recipients with dependent children that have a direct monetary value including emergency assistance, food programs, and housing assistance
- C = **Work Support** - programs that help low-income individuals with dependent children obtain and keep employment such as employment-related education and training programs including adult education, high school equivalency, ESL classes, vocational educational, payments to employers or third parties to help covers costs of employee wages and benefits, job search and job readiness, on-the-job training, transportation, costs for work-related expenses (clothes, equipment), post-employment services, and earned income tax credits
- D = **Child Welfare** - adoption assistance, foster care, independent living programs, and programs intended to prevent out-of-home placements, promote reunification of families, or provide a safe environment for children
- E = **Family formation, pregnancy prevention** - To be eligible for TANF MOE, these types of programs do not have to be targeted to low-income families with dependent children
- F = **Other Welfare-Related Services** - juvenile justice, and substance abuse/treatment programs for low-income families with dependent children

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Program	A. \$ Amount of non-federal funds for this program in FFY 2016 – (If program fully funded by Federal Funds, STOP here)	B. If the program has a work-related activity listed in Work Support for Program Type on previous page, please provide a description of the work-related activity	C. If B is applicable, % of funding amount used for work-related activities for FFY 2016.	D. Total number of volunteer hours associated with this program in FFY 2016	E. If B is applicable, total number of hours for volunteers completing a work-related activity at your agency associated with this program in FFY 2016	F. Total number of families served using these funds for FFY 2016	G. Income Limit or % of Poverty used to determine financial eligibility for the program
1	\$	N/A	%	Approximation 12,375	N/A	854	N/A
2	\$	N/A	%	Approximation 800	N/A	430	N/A
3	\$	N/A	%	Approximation 1000	N/A	420	N/A
4	\$		%				

I certify that the above information is true and correct. I understand that this information will be used only to certify TANF MOE dollars to the U.S. Department of Health and Human Services for the New Mexico Human Services Department, TANF program. Along with this certification, please attach any source data documentation.

Signature of Authorized Personnel	Title	Date
	Chief Services Director	10/7/16

Please return this completed form to: Human Services Department Income Support Division, Attention: Desiree Whitfill, P.O. Box 2348, Santa Fe, NM 87504. Fax to: (505) 827-7259 or email at: Desiree.Whitfill@state.nm.us.